

**Maryland State Police
Central Records Division
1711 Belmont Avenue
Baltimore MD 21244**

REQUEST FOR MOTOR VEHICLE ACCIDENT REPORT

(Type or Print)

MAARS Report Number: _____

Date of Accident: _____

Fatal: ☐ **Yes** – Name of Deceased _____
☐ **No**

Request official copy of Motor Vehicle Accident Report involving _____
(Driver)

and _____, _____
(Driver or Pedestrian) (Route)

_____, _____
(City/Town) (County)

Your Name _____

Your Address _____

City/State/Zip Code _____